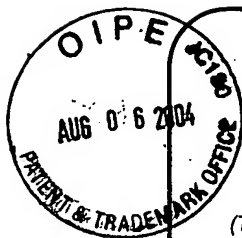


IFW



TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number Filing Date Confirmation Number Inventor(s) Group Art Unit Examiner	10/796,585
	March 9, 2004
	Unknown
	O'DEA
	Unknown
Attorney Docket No.	98-58 C1
Total Number of Pages in This Submission: 3	

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form (submit in duplicate) <input type="checkbox"/> Fee Attached \$ <input type="text"/> Check No.: <input type="text"/> <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Search report <input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Cover Sheet <input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s) <input type="checkbox"/> Request for Return of PTO-1449 Forms <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Address <input type="checkbox"/> Terminal Disclaimer(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and cover sheet <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Request Letter <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to File Corrected Application Papers
<input checked="" type="checkbox"/> Other Enclosure(s): <u>Request for Filing Receipt</u>		

Current Due Date: None

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668		
Signature	<i>Michael W. Haas</i>		
Date	August 3, 2004		

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450 on this date: <u>August 3, 2004</u> .			
Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature	<i>Michael W. Haas</i>	Date	August 3, 2004



THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of

Inventor : O'DEA
Appln. No. : 10/796,585
Conf. No.: : Unknown
Filed: : March 9, 2004
Title: : APPARATUS AND METHOD FOR RELIEVING DYSNEA
Group Art Unit : Unknown
Examiner : Unknown
Docket No. : 98-58 C1

* * * * *

August 3, 2004

REQUEST FOR FILING RECEIPT

Hon. Commissioner of Patents
and Trademarks
Alexandria, VA 22313-1504

Sir:

Applicant filed the above-identified patent application on March 9, 2004 which was in compliance with 37 C.F.R. § 1.53(b). Applicant has not received a Filing Receipt for the above-identified patent application.

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on August 3, 2004 with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Michael W. Haas

Michael W. Haas, Reg. No. 35,174

O'DEA -- Appln. No.: 10/796,585

In compliance with 37 C.F.R. § 1.53(b), Applicant respectfully requests that the Filing Receipt for the above-identified patent application be mailed to the Applicant's representative at the address listed below.

Respectfully submitted,

By 

Michael W. Haas

Reg. No.: 35,174

Tel. No.: (724) 387-5026

Fax No.: (724) 387-5021

RESPIRONICS, INC.
1010 Murry Ridge Lane
Murrysville, PA 15668-8525